



## Fact Sheet:



# SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000

On November 7, 2000, California voters approved Proposition 36 -- The Substance Abuse and Crime Prevention Act of 2000 (SACPA). SACPA substantially changed California's judicial processes and substance abuse treatment systems.

### **What SACPA Does:**

Under SACPA, most non-violent adult offenders who use or possess illegal drugs receive drug treatment in the community rather than incarceration. It was designed to:

- ❖ Preserve jail and prison cells for serious and violent offenders.
- ❖ Enhance public safety by reducing drug-related crime.
- ❖ Improve public health by reducing drug abuse through proven and effective treatment strategies.

Eligible offenders receive up to one year of drug treatment and six months of after-care. The courts may sanction offenders who are not amenable to treatment. Vocational training, family counseling, literacy training, and other services may also be provided.

- ❖ SACPA also requires that participating treatment programs be licensed or certified, with certain exceptions.
- ❖ Use of SACPA funds for drug testing is specifically prohibited but special funding for drug testing was added by Senate Bill 223 (Burton), Chapter 721, Statutes of 2001.

### **Funding:**

On July 1, 2001, SACPA provided the first annual \$120 million appropriation for distribution to counties to provide drug treatment and other services. While SACPA has no overall sunset date, funding ends after Fiscal Year 2005-2006.

The Department of Alcohol and Drug Programs (ADP) issues annual allocations to county governments to cover the cost of administering and enforcing SACPA. Allocations are made using a formula that distributes 50% on a base allocation, 25% on number of drug arrests, and 25% on drug treatment caseload.

### **Planning and Collaboration:**

Regulations (Chapter 2.5, Division 4, Title 9, California Code of Regulations) for the administration of SACPA require counties to designate a County Lead Agency not only to administer SACPA locally, but also to receive funds. As a condition of receiving funds, counties must submit an Annual County Plan describing the processes and services that they will employ to implement and enforce SACPA, as well as related expenditures. The plans must be developed and implemented in collaboration with all county agencies and any other entities responsible for administering SACPA, including input from providers of drug treatment services, impacted community parties and federally recognized American Indian tribes.

**Reports and Evaluation:**

Counties are required to submit expenditure and fiscal reports to ADP. SACPA requires ADP to evaluate annually the effectiveness and fiscal impact of the programs funded, including the implementation process, incarceration costs, changes in the crime rate, and prison and jail construction costs, as well as welfare costs.

SACPA also provided up to \$3.3 million for a mandated, long-term study to evaluate both its effectiveness and the fiscal impact of the programs it has authorized. Integrated Substance Abuse Programs (ISAP), a research group at the UCLA Neuropsychiatric Institute, was the contractor selected to conduct the study and report its findings.

The independent evaluation by UCLA ISAP researchers offered the first profile on offenders through SACPA across all 58 California counties for the 12 months ending June 30, 2002. In the first release of findings, data reflect unanticipated success of SACPA. More than 30,000 drug offenders were in treatment during the first year. Significantly, for more than half of those offenders, this was their first treatment opportunity.

This report has undeniable implications for California's drug abuse treatment system.

**Offender Participation in SACPA:**

In its first year, a total of 53,697 offenders were found in court to be eligible for SACPA (convicted of a non-violent drug-related offense or of being under the influence of a controlled substance). This total included offenders currently on probation or parole for prior offenses as well as new offenders. Of that total, 82% (44,043) chose SACPA and, unless held for additional charges or administrative reasons, were referred for an assessment of their service needs and

appropriate level of community supervision. It is important to note that SACPA participation is voluntary; it reflects an affirmative decision by eligible offenders. The 18% who did not choose SACPA may have participated in drug court or opted for routine criminal justice processing.

Among offenders who chose SACPA, 85% (37,495) completed assessment, and 81% (30,469) of assessed offenders entered treatment. Overall, 69% of offenders who opted for SACPA in court entered treatment. This "show" rate compares favorably with "show" rates in other studies of drug users referred to treatment by criminal justice or other systems.

**Treatment and Demographics:**

About 50% of SACPA offenders in treatment reported methamphetamine as their primary drug, with cocaine/crack a distant second (15%). Marijuana and heroin were the primary drug of choice for 12% and 11%, respectively. On average, SACPA clients had longer drug use histories than non-SACPA clients referred to treatment by criminal justice.

Most SACPA clients (72%) were men, and the percentage of men was higher among SACPA clients than among clients entering treatment on their own initiative or referred by a source other than criminal justice (e.g., a health care provider or employee assistance program). About half of SACPA clients were non-Hispanic Whites, while 31% were Hispanics, and 14% were African Americans.

Most SACPA clients (86%) were placed in outpatient drug-free programs, and 10% were placed in long-term residential programs. □